

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION
1540 WEST PARK AVENUE, SUITE 1
OCEAN, NJ 07712
TELEPHONE 732-493-9520
FACSIMILE 732-493-9521

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

APPLICATION SUBMISSION DATE: _____
**Note: Application MUST be submitted at least 14 days prior to event*

NAME OF TEMPORARY FOOD ESTABLISHMENT:

NAME OF OPERATOR/OWNER:

MAILING ADDRESS:

TELEPHONE NUMBER:

NAME OF EVENT:

LOCATION OF EVENT:

DATE(S) AND TIME(S) OF EVENT:

DATE & TIME TFE WILL BE SET UP & READY FOR INSPECTION:

1. List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (*NOTE: Any changes to the menu must be submitted to and approved by this Department at least **10 days** prior to the event.)

*******NOTE:** All vendors who are planning on preparing and serving at least 3 or more potentially hazardous food items

must provide proof of current certification in food protection from a NJDHSS accredited and recognized certifying program. In addition, there **must** be at least one person-in-charge present and available at the site during all hours of operation.

Name of Certified Food Safety Manager (if above criteria met): _____

2. Will all foods be prepared at the temporary food establishment site? _____ Yes _____ No

3. Describe (be specific) how frozen, cold and hot foods will be maintained at proper temperature ranges during transport:

4. How will precooked and chilled potentially hazardous food items be reheated to 165 F?

5. How will food temperatures be monitored during the event? _____

6. Are all foods from an approved source? _____ Yes _____ No

7. From where (what source) will the ice be obtained?

8. What measures will you employ to provide facilities for employee handwashing at the event site? _____

9. Describe where utensil washing will take place. If no facilities are available on site, describe the location of back-up utensil storage:

10. Describe how and where wastewater from handwashing and utensil washing will be collected, stored and disposed:

11. Describe how and where grease will be collected, stored and disposed:

12. Describe the floor, walls and ceiling surfaces, and lighting within the temporary food establishment:

13. What measures will you employ to ensure food product is protected against potential customer contamination, insects, dust and dirt? (Include floor covering, sneeze guards, etc.):

14a. Do you hold a current food license with this municipality? ____ No ____ Yes

****If Yes, provide a copy of that license and a copy of the current satisfactory placard.

14b. Do you hold a current food license with any other municipality? ____ No ____ Yes

****If Yes, provide a copy of that license and a copy of the current satisfactory placard.

15. Please add any additional information about your Temporary Food Establishment that should be considered:

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Monmouth County Regional Health Commission may nullify final approval.

Signature(s)

Date: _____

Approval of these plans and specifications by this Department does **not** indicate compliance with any other code, law or regulation that may be required (i.e. federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment). An inspection will be necessary to determine compliance with the local and state laws governing retail food establishments.

Regulatory Authority: APPROVAL: _____ DATE: _____

Permit Restrictions:

Permit Effective Dates:

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval:

Reviewer Signature & Title

Date